

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32841

FILED NOV 14 1951

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 361

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institutional residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Whitewater)</u> | |
| c. LENGTH OF STAY (If applicable place) <u>10 days</u> | | d. STREET ADDRESS (If rural, give location) <u>2 miles South Miller'sville</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo Hospital</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>JAMES MORTON SPARKS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1951</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>June 21, 1867</u> |
| 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months Days | | IF UNDER 4 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>China Ill</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Charity Hammock Sparks</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R. L. Marshy Jackson Rt 2 mo</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic Hypertrophy</u> <u>2 yrs.</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4343</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>April</u> , 1950, to <u>Nov. 1</u> , 1951, that I last saw the deceased alive on <u>Nov. 1</u> , 1951, and that death occurred at <u>5:02 P. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>C. P. McDonald, MD</u> | | 23b. ADDRESS <u>Jackson, Mo</u> | 23c. DATE SIGNED <u>11-6-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 4, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hot Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Bluffville Ark</u> |
| DATE REC'D BY LOCAL REG. <u>11-6-51</u> | REGISTRAR'S SIGNATURE <u>C. C. Summers</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Miller Jackson Mo.</u> | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 13 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *M. C. Cravatt*.....

Licensed Embalmer No. *40327*.....

P. O. Address *London, Md.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.